

The Commonwealth of Massachusetts

Department of Public Safety

One Ashburton Place, Room 1301

Boston, Massachusetts 02108-1618

Phone (617) 727-3200

Fax (617) 727-5732

TTY (617) 727-0019

www.mass.gov/dps

RENEWAL APPLICATION FOR REGISTRATION **AS A MASSACHUSETTS PRODUCER OF NATIVE LUMBER**

Please type or neatly print the required information:

Name of Person or Firm:

Address: _____

Telephone Number: _____

State of Incorporation: _____ Native Lumber # _____

Corporation Officers: _____

Location of Mill in Massachusetts:	Average Number of Employees:

Estimated Annual Production

In Board Feet and Total Dollars: _____ \$

Application Fee: Twenty -Five Dollars (\$ 25.00) make checks payable to the Commonwealth of Massachusetts.

I, _____, _____ on behalf of the

Name

Title

the applicant, agree to comply with all of the pertinent rules, regulations and the State Building Code relative to registration as a wood producer in the Commonwealth of Massachusetts. I certify that to my best knowledge and belief, I have filed all state tax returns and paid all state taxes required under law.

Signed this _____ day of _____, 20_____ under the pains and penalties of perjury.

Signature

Printed Name

FOR STATE USE ONLY	
Registration Number: NL _____	
Approved: _____	Disapproved: _____
Reason if Disapproved: _____	
Date: _____	By: _____